## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # \$72349** FLORIDA PERFORMANCE WHOLESALE, INC. 03-19-2001 90065 032 \*\*\*150.00 Mailing Address Principal Place of Business 2266 N.W. 42 AVE. 2266 N.W. 42 AVE. OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 817469 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0284097 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Nur HARDIN, RUBY 2266 N.W. 42 AVE. **OKEECHOBEE FL 34972** Zip Code FL 34974 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PD ☐ Delete TITLE TITLE RUBY HARDIN 2056 NW 42 AUE HARDIN, RUBY NAME NAME STREET ADDRESS STREET ADDRESS 2266 N.W. 42 AVE. OKEUCHOOBEE FL 34974 CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34972** TITLE TITLE VP ☐ Delete MAUDIN TIM NAME MAUPIN, TIM NAME 2.056 NW 42 ND AVE STREET ADDRESS 2266 N.W. 42ND AVE STREET ADDRESS OKEECHOBEE FL. 3497.4 CITY-ST-ZIP\_ CITY-ST-ZIP OKEECHOBEE FL ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

HARDIN 3-15-001